



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Elite Healthcare Fort Worth

**Respondent Name**

Commerce & Industry Insurance

**MFDR Tracking Number**

M4-14-2637-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

April 25, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "...These denials are incorrect. All other claims have been paid in full. Treating provider attached dictation of office visit with the patient. Dr. Lopez determined to be medically necessary."

**Amount in Dispute:** \$345.78

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** Written acknowledgement of medical fee dispute received May 5, 2014. However, no position statement submitted.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 8, 2013	99361	\$345.78	\$0.00
August 12, 2013	99213		
September 17, 2013	99213		

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out medical fee guideline for workers' compensation specific services.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - VA07 – This service/supply is not covered according to the state fee schedule guideline
  - B12 – Services not documented in patients' medical records
  - 150 – Payer deems the information submitted does not support this level of service

**Issues**

1. Was the evaluation and management code supported for level of services billed?

2. Was documentation provided to support team conference?

Findings

1. The carrier denied CPT code 92113 for dates of service August 12<sup>th</sup> and September 17<sup>th</sup>, 2013, as, B12 – “Services not documented in patients’ medical records” and 150 – “Payer deems the information submitted does not support this level of service.” 28 Texas Labor Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 92113 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; an expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Expanded History
  - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed one chronic condition, thus component not met.
  - Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed one system. This component was met.
  - Past Family, and/or Social History (PFSH) are not applicable.
- Documentation of a Expanded Examination:
  - Requires limited examination of the affected body area. The documentation found examination of one system: musculoskeletal. This component was not met.

The Division finds the carrier’s denial is supported. No additional payment can be recommended.

2. 28 Texas Administrative Code 134.204(e)(1)(A)(B) states in pertinent part, “Case Management Responsibilities by the Treating Doctor is as follows: (1) Team conferences and telephone calls shall include coordination with an interdisciplinary team. (A) Team members shall not be employees of the treating doctor. (B) Team conferences and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call. (2) Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee. (3) Contact with one or more members of the interdisciplinary team more often than once every 30 days shall be limited to the following: (A) coordinating with the employer, employee, or an assigned medical or vocational case manager to determine return to work options; (B) developing or revising a treatment plan, including any treatment plans required by Division rules; (C) altering or clarifying previous instructions; or (D) coordinating the care of employees with catastrophic or multiple injuries requiring multiple specialties. (4) Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity.” Review of the submitted documentation finds; No notes for dates of service August 8, 2013 to support requirements of Rule 134.204 were met. No additional payment can be recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	July 31, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**